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| | 2 FULL NAME Deve Willen | |
| - | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEAT |
| 3 \$ [| 4 COLOR OR RACE SINGLE, | 16 DATE OF DEATH |
| 190 | male wito provorced | (Month) (I |
| - | (Write the word) | 17 HEREBY CERTIFY, That I sttende |
| D | 3 , 16 1013 | mch 16 1913, to meh, |
| J. A. | (Month) (Day) (Year) | that I last saw hand alive on mel 19 |
| TA | | and that death occurred on the date stated above, |
| 10 | 1 day,hrs: | The CAUSE OF DEATH * was as follows: |
| | yrs mos ds. or min. ? | |
| | CCUPATION) Trade, profession, or | Cleute manition |
| | ticular kind of work | |
| | | |
| (b) bus | General nature of industry, iness, or establishment in | (Ouration)yrs |
| (b) bus wh | General nature of industry, iness, or establishment in ch employed (or employer) | |
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| (b) bus wh | RTHPLACE tate or country) RETHORAGE The country Country The country Country The country | Gontributory (Secondary) (Buration) yrs. |
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| (b) bus whi | obeneral nature of industry, iness, or establishment in the employed (or employer) IRTHPLACE tate or country) ORAME OF HOWARD Allen TO NAME OF FATHER HOWARD Allen | (Signed) (Suration) yrs. (Signed) N M J Cack There 29 ,1913 (Address) Series |
| RENTS (a) | 10 NAME OF FATHER HOWARD COLLER 11 BIRTHPLACE (State or country) 12 MAIDEN TOWN TOWN TO THE COLLER 13 MAIDEN TOWN TOWN TO THE COLLER 14 MAIDEN TOWN TOWN TO THE COLLER 15 MAIDEN THERE 16 MAIDEN THERE 17 MAIDEN THERE 18 MAIDEN THERE 18 MAIDEN THERE 19 MAIDEN THERE 10 MAIDEN THERE 10 MAIDEN THERE 11 MAIDEN THERE 12 MAIDEN THERE 13 MAIDEN THERE 14 MAIDEN THERE 15 MAIDEN THERE 16 MAIDEN THERE 17 MAIDEN THERE 18 MAIDEN THERE 18 MAIDEN THERE 19 MAIDEN THERE 19 MAIDEN THERE 10 MAIDEN THERE 11 MAIDEN THERE 12 MAIDEN THERE 13 MAIDEN THERE 14 MAIDEN THERE 15 MAIDEN THERE 16 MAIDEN THERE 17 MAIDEN THERE 18 M | (Signed) (Suration) yrs. (Signed) N M J Cack There 29 , 1913 (Address) Series |
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| PARENTS (g) | 10 NAME OF FATHER HOWARD ACLES 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF Mother May Callen 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF May Callen 15 MAIDEN NAME OF Mother Male Allen 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 MOTHER (State or country) 19 MOTHER (State or country) 10 MOTHER (State or country) 11 MOTHER (State or country) 12 MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MOTHER (State or country) 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MOTHER (State or country) 18 MOTHER (State or country) 19 MOTHER (State or country) 10 MOTHER (State or country) 11 MOTHER (State or country) 12 MOTHER (State or country) 13 MOTHER (State or country) 14 MOTHER (State or country) 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MOTHER (State or country) 18 MOTHER (State or country) 19 MOTHER (State or country) 10 MOTHER (State or country) 11 MOTHER (STATE OF MY KNOWLEDGE) 12 MOTHER (STATE OF MY KNOWLEDGE) 13 MOTHER (STATE OF MY KNOWLEDGE) 14 MOTHER (STATE OF MY KNOWLEDGE) | Contributory (Secondary) (Signed) |
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| PARENTS (g) | 10 NAME OF FATHER HOWARD ACLES 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 10 MOTHER (State or country) 11 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN ACLE (Informant) (Address) (Address) | (Signed) *State the DISEASE CAUSING DEATH, or, in death CAUSES, state (1) MEANS OF INJURY; and (2) with the CAUSES of TALL SUICIDAL, OF HOMICIDAL. *BLENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS At place of death yrs. mos. ds. State yrs., Where was disease contracted, if not at place of death? Former or usual residence. *BURIAL OR REMOVAL DATE *Warweck, md mor |

STATE OF MARYLAND FICATE OF DEATH Registered No.

[If death occurred lo a hospital or Institution, give its NAME instead of street and number.]

| 16 DATE OF DEATH | (Month) | 19 (Day) | ., 191.3 |
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| 17 I HEREBY CER | | | |
| moh 16 1913 | | | 4 |
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| that I last saw h alive on | mes | 4 1912 | . کی اوا , |
| and that death occurred on the | date state | d above, at | 3.30 Am |
| The CAUSE OF DEATH * Was | as follows: | 2, 5, | , , |
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| acute In | | 7 | |
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| Mer 20 , 1913 (Address | Coo | | m. 1 |
| , 191 6. (Address | s) | COVON | ·ora |
| *State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL | DEATH, or INJURY; an | , in deaths from | n VIOLENT |
| 18 LENGTH OF RESIDENCE (FO | R HOSPITAL | . INSTITUTIONS | TRANSIENTS |
| OR RECENT RESIDENTS). | 6.25 A. A. A. | ,, | T NAME OF THE O |
| At place | In the | uma . | |
| of death yrs. mos. | | yrs, | MOS 08 |
| Where was disease contracted, | | | |
| Former or the E | | | |
| usual residence. | | | |
| 19 PLACE OF BURIAL OR REN | 101/01 | DATE OF B | UBIAL |
| 141 | | | |
| Warveck | I. md | mar 2 | , 191 B. |
| 20 UNDERTAKER | | ADDRESB | |
| " " n' (-) | | 71:116 | - |



[Approved by U. S. Census and American Public Health Association.]

"Manager." "I)ealer," ctc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scruant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grecery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it sliould be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," salary), may be entered as As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—in any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar preumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvulur heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or "Contributory." scpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. of the American Medical Association.) The contributory (secondary or intercurrent) Revolver wound of head-homicide; Poisoned (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Can-Never report For vio-



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION If death occurred in St :----Ward) a hospital or institution. RECORD give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH / 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, (Month) (Day) Write the word) CERTIFY. That I attended deceased from 6 DATE OF BIRTH 858 (Month) (Day) (Year) if LESS than TAGE and that death occurred on the date stated above, at 8, 46 f dayhrs. cla OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, supplied business, or establishment in which employed (or employer) Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 0 . 191 3 (Address) back 11 BIRTHPLACE ms. ENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 2 12 MAIDEN NAME OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS OF MOTHER (State or country) At place of death ATH Where was disease contracted. of DE/ Item OF mportant. Every I DATE OF 15 20 UNDERTAKER ADDRESS œ. REGISTRAR ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age been changed or given up on account of the DISEASE mine, etc. it should be used only when needed. As examples: first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative dealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the mia," "Pueepehal peritonitis," etc. State cause for childbirth or miscarriage. as "Purpresal septichae. thonia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "L'art failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. ls less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Old Age," "Shock." 'Traemla," "Weakness," "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: Never report Examples:

If this certificate is looked over thoroughly and all guretions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1918
BUREAU, V.S.

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OCCUPATION

RECORD

STATE OF MARYLAND PLACE OF DEATH 3454 CERTIFICATE OF DEATH Registration Dist. No.....Ward) a hospitat or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIOOWEO. OROIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from E OF BIRTH (Day) (Year) (Month) if LESS than 7 AGE and that death occurred on the date stated above, at t day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 6 OCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employar) Contributory. 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State or country State yrs. Where was disease confracted. If not at place of death? usual residence.... DATE OF BURIAL (Address) 20 UNDERTAKER

lif death occurred in

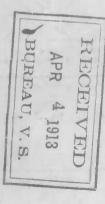
If more blanks are needed, address State Regls trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative weulthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing distance of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaccause. Always qualify all diseases resulting from inus," "Old Age," "Shock." genltal," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Conture of the American Medical Association.) "Contributory." schsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as ctc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Arample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Surcoma. etc., of _ Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "raemia," "Weakness," (name origin; "Can Examples:



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. RECORD PERMANENT BINDING 4 FOR UNFADING INK-THIS ED RESER N. B.—Every item of information should be c CAUSE OF DEATH in plain terms, so important. See instructions on back of PLAINLY, WITH MARQIN WRITE

No. υż state Very

1 PLACE OF DEATH

| and " " Cheoapeake & | CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female Thile Of Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF BIRTH March 13 7, 1913. (Month) (Day) (Year) | 3/13, 1913, to 3/12, 1913, that I last saw here alive on 3/16, 1913 |
| 7 AGE It LESS than 1 day,hrs. yrs. mos. ds. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work | and that death occurred on the date stated above, at 4/2 A.m. The CAUSE OF DEATH* was as lollows: Limitalized Lemanhage |
| (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland | (Ouration) yrs, mos. 2 ds. Contributory (Secondary) (Ouration) yrs, mos. ds. |
| 10 NAME OF Lenge W. Bolton 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| 12 MAIDEN NAME OF MOTHER Thra H. Bennetts 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lenge W. Bolton | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? |
| (Address) Middleton - Del. 16 Filed Mar 17, 1913 A Glague | USUAl residence 19 PLACE OF BURIAL OR REMOVAL Still Fond Centery Har 17, 1913 20 UNDERTAKER ADDRESS ADDRESS |

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc... Carcin-

mus," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Tuerfmeal schiichaeetc., when a definite disease can be ascertained as the "Kart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile." etc.), "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory "Old Age," "Shock," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING T. B. No. 1.

| 1 PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Clail 3456 | CERTIFICATE OF DEATH |
| Village or City Colora (No | Registration Dist. No |
| FULL NAME Mary /les | bill Brown of street and number. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, WIDOWED, ORDIVORCED (Write the word) | 18 DATE OF DEATH MATCH 22, 1913 (Month) (Day) (Year) |
| B DATE OF BIRTH MOVEMBER 6 th 1877 | 17 March 15 1913, to Work 22, 1913 |
| (Month) (Day) (Year) | that I last saw her alive on March 22 19 |
| 7 AGE If LESS than t day,hrs. 6 ds. ORmin. ? | The GAUSE OF DEATHE was as follows: |
| (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or employer) | (Duration) yrs. mos. d |
| 9 BIRTHPLACE (State or country) Colora beeil 60. md | (Secondary) (Secondary) (Ouration) yrs |
| 10 NAME OF Samuel B. Nestill | (Signed) Ernest Contains |
| 11 BIRTHPLACE OF FATHER (State or country) Cecil Co. Md. W OF MOTHER OF MOTHER | *State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- |
| of Mother Terauson | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT) |
| 13 BIRTHPLACE OF MOTHER (State or country) Creil les. M. | At place In the of death yrs, mos ds. State yrs, mos ds. |
| (Informant) Edwin O. Nesbitt | Where was disease contracted, If not at place of death?———————————————————————————————————— |
| (Address) Colora MS. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed Moh. No 1913 St. R. Cameron | 20 yndertaker ADDRESS Q |

[Approved by U. 8, Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (e)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpersal septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomenclasepsis, telanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." LENT DEATHS state MEANS OF INJUST and qualify as "H;art failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples: d8.



STATE OF MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH

state

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers figation, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Fousewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many For persons "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercubrospinal Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, meningitis"); Diphtheria (avoid use Typhoid fover (never report "Typhoid "Epidemic cereetc.

HECELVED BUREAU, V.S. MAY 1 6 1913

cause of death approved by Committee on Nomenclature of the American Medical Association.) sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," The nature of the Never report Examples: FOF VIO-

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

- sent

RECEIVED BUREAU, V. S. APR 16 1913

No. 1. BÓ

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

PLACE OF DEATH

3458

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| * FULL NAME | |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Mule Color of Race Single, Married, Married, Married, Milowed, ORDIVORCED (Write the word) | (Month) (Day), 1913 |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from |
| (Month) (Day) (Year | that I last saw h alive on 2007, 1913, 1913. |
| 7 AGE If LESS 1 1 day, ORmin. ORmin. | The CAUSE OF DEATH* was as follows: |
| © OCCUPATION (a) Trade, profession, or particular kind of work | Theumaters with after |
| (b) General nature of industry, business, or establishment in which employed (or employer) | Saleroses, (Ouration) yrs. O mos ds. |
| State or country) Ceal Co | Contributory (Secondary) (Duration) yrs mos ds. |
| 10 NAME OF Samuel Buller | (Signed) 2007 Control (M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT |
| of Mother Maria A. A. | CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or country) Celed Cer Ind | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INTORMANT) Harrish Buller | Where was disease contracted, If not at place of death? Former or usual residence |
| (Address) Canavinge Mo | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MANAGEMENT 1917 |
| Filed Med 13th, 1913 SHA Carres | 20 UNDERTAKER ADDRESS |

Vif more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement Never return "Laborer," - "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinological control contro

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Purepresal septichacetc., when a definite disease can be ascertained as the ture of the American Medicai Association.) cause of death approved by Committee on Nomeucla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. State cause for cause. mus," "Old Age," "Shock," "Traemin," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritim nant neoplasms) : Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 Examples:



B. No.

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state Very

should OCCUPATION IS PHYSICIANS of PERSONAL AND STATISTICAL PARTICULARS Exact statement MARRIED, Marriea WIDOWED, ORDIVER S SINGLE, 3 SEX 4 COLOR OR RACE ORDIVORCED (Write the word) 8 DATE OF BIRTH properly classified. (Month) 7 AGE BOCCUPATION (a) Frade, profession, or particular kind of work...... carefully supplied. (b) Genaral nature of Industry. business, or establishment la which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 9 ō of information. F DEATH in plain terms, s. See instructions on back o S 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THUE TO OF Every item CAUSE OF important.

1 PLACE OF DEATH

3459

(Day)

(Year)

If LESS than

1 day,.....hrs.

20 UNDERTAKER

OR min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

give its NAME Instead of street and number. ?

Uma,

ADDRESS

Mar. 8, 191 3

| | STATE OF MAR | YLAND |
|-----|-------------------|---|
| 10 | CERTIFICATE OF | DEATH |
| 10) | Registration Dist | No. 93 |
| | St.;Ward) | [ft death occurred in a hospital or lostitution |

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 18 DATE OF DEATH B (Month) (Day) (Year) |
| 17 I HEREBY CERTIFY, That I attended deceased from |
| |
| |
| that I last saw har alive on 3 |
| and that death occurred on the date stated above, at |
| The CAUSE OF DEATH* was as follows: |
| Fryanic Hurt |
| Day the the state of the state |
| miffee |
| 1 |
| (Duration) Logisal mos. ds. |
| Contributory (Secondary) |
| (Duration) yrs 24 mbs 3 /2 ds |
| (Signed) I fame anderson, M. D. |
| 3. 6 ,1912 (Address) Nothing hour |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| At place In the |
| of death yrs mos ds. State yrs mos ds. Where was disease contracted, If oot at place of death? |
| Former or usual residence |
| 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

MAY 16 1913 BUREAU. V.S.

sepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement childbirth or miscarriage, as "Pursperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ca.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) · Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Re-Rent



PHYSICIANS RECORD RMANENT PE 0 S AG Z 0 ADIN UNF WITH ā EAT of DE Every Item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH 3460 CERTIFICATE OF DEATH Registration Dist. No. [It death occurred inWard) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav) Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as lollows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employar) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State yrs. _.... mos. Where was disease contracted. it not at place of death? Former or usual residence. DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or indust j; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Puerperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritiv nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for Examples:



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STATE OF MARYLAND PLACE OF DEATH 3461 CERTIFICATE OF DEATH Registration Dist. No. lit death occurred inWard) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED, W (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deseased from 6 DATE OF BIRTH (Day) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at t day,hrs. The CAUSE OF DEATH * was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 6 Mr aren 4, 191 3. (Address) back 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PARE 12 MAIDEN NAME OF MOTHER Instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death State yrs. yrs. mos. ds. Where was disease contracted. it not at place of death? usual residence Important. 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary Areman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," annualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septichae. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial arphritis nant neoplacins); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify-as which surgical operation was undertaken. For vio--Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds .: State cause for Never report Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1918
BUREAU, V.S.

RECORD

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| CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is | | | |
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SEX MARRIEO, WIDOWED, (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH (Day) (Month) (Year) if LESS than 7 AGE and that death occurred on the date stated above. t day hrs. min. ? mos. SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs. _.... mos. ds Where was disease contracted, If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 16 If more blanks are needed, address State Regis trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the husiness or indust;; and therefore an cases, especially in industrial employments, it is necfirst line will he sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physictan, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia," Deumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpebal peritonitis," etc. State cause for -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary). 10 ds. Never report is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," 'Traemla," "Weakness," (name origin; "Candeath), 29 ds. Examples:



BINDING FOR RESERVED MARGIN

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N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of certificate. important.

| Village or City harri Car (No. 2FULL NAME Racky Face) | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH 774 Or 14 24 , 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 770 / 3 |
| (Month) (Month) (Year) 7 AGE If LESS than | that I last saw h Ex allve on March 24, 1913 |
| 75 yrs. mos. ds. or min.? | The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) | (Duration) yrs. mos ds |
| 9 BIRTHPLACE (State or country) Meny Eur | (Secondary) (Duration)yrsmosds. |
| OF FATHER Cryslig Sharper OF FATHER (State or country) Menyluv | (Signed) Suces Sept , M. D. Man 28 , 1913 (Address) N. Eur *State the Dispage Callying Dispage of lands of the decision of the september of |
| 12 MAIDEN NAME Cles CHEN Thomps 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Cles CHEN Thomps 13 BIRTHPLACE OF MOTHER (State or country) | CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place |
| (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) (Informani) | of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence. |
| (Address) M. Gerson Filed Mah, 272 1912 N.C. Cacurae REGISTRAR | Date of BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS DE GALLES ADDRESS DE GALLES ADDRESS |

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Segilardo

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purneral scottchaeetc., when a definite disease can be ascertained as the oma. Sarcoma. etc., of .. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock." 'Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplacins); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Turnor" for mails The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from "Senlie." etc.), (Recommendations on statement of may he stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

| | PLAGE OF DEATH 3464 | | STATE OF MA | RYLAND |
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| - | ounty becil | | CERTIFICATE C | F DEATH |
| GO | En-1- | | Registration Di | The same of the sa |
| Vi | lliage or City ONON (No. | > | St.; Ward | give its NAME instead |
| | FULL NAME CHANNE JE | rgi | ISIN | of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | V | MEDICAL GERTIFICATE OF | DEATH |
| 3 SE | | 7le | (Month) | (Day) (Year) |
| 6 D/ | March /2 , 1 (Month) (Day) | 9/3 (Year) | that I last saw h. en alive on mo | 2/54 1913 1 21 " 1913 |
| 7 AG | 1 day | ESS than y,hrs. min.? | and that death occurred on the date stated The CAUSE OF DEATH* was as follows: | above, at A Re m |
| (a) par | CCUPATION Trade, profession, or ficular kind of work | | by Child | mg wiffer |
| busi | General nature of industry, ness, or establishment in ch amployed (or employer) | | (Quration) | yrsds |
| 9 BI (St | RTHPLACE (ate or country) Elkton Cecil Co Mc | d | (Secondary) | wrrwag L yrs mos ds |
| | 10 NAME OF Groch Ferguson | | (Signed) & Horace Lenker | , M. D |
| ENTS | OF FATHER (State or country) Cecil Com | d | *State the DISEASE CAUSING DEATH, OF, | In deaths from VIOLENT |
| PAREN | 12 MAIDEN NAME Jaomi Kline | | CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENCE) | |
| | OF MOTHER (State or country) Coul lo mo | 1 | At place in the of death yrs mos ds. State | yrs, mos, ds |
| | (Informant). ENOUND THE BEST OF MY KNOWLEDGE | E | Where was disease contracted, If not at piace of death? Former or usual residence | |
| 16 | (Address) Elleton, md | | Boulders Chapel | mch 22, 1913 |
| (F) | ed Mars 122, 1913 - Trumps Frank | STRAR | 20 UNDERTAKER / Linsingen Tippin | ADDRESS Elxton Mis |
| | If more blanks are needed, address State Regis | s trar, 6 | E. Franklin St., Balto., Requesting V. S. No. | I. |

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU, V. S.

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1 PLACE OF DEATH

| PLACE OF DEATH | STATE OF MARTLAND |
|---|--|
| County Local 3465 | CERTIFICATE OF DEATH |
| County | Registration Dist. No. 95 |
| Village or City Mear Calvert (No. | St.; Ward) [If death occurred a hospital or institution give its NAME inste |
| FULL NAME Clisabeth a. | Fitz Glarlol et street and oumber. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED | 16 DATE OF DEATH 3 27, 191. |
| Remale Other (Write the word) | 17 I HEREBY CERTIFY, That I attended deceased from |
| DATE OF BIRTH Aune 20 1822 | Feb. 25, 1913, to Murch 28, 1913 |
| (Month) (Day) (Year) | that I last saw h mallye on march & 6 ,1910 |
| AGE If LESS than | and that death occurred on the date stated above, at Eleve an |
| 90 yrs. 9 mos. 7 ds. 0Rmin.? | The GAUSE OF DEATH * was as follows: |
| OCCUPATION | Lagrapion and Ex austron |
| (a) Frade, profession, or | |
| particular kind of work | |
| business, or establishment in | There days (Duration) yrs. mos. di |
| Which employed (or employer) | Contributory |
| (State or country) | (Secondary) |
| 10 NAME OF | (Duration) yrs mos d |
| FATHER James, 20. 20 mys! | (Signed) , M. O |
| 11 BIRTHPLACE | 3/25 , 191 5 (Address) Klany Dur Ind |
| (State or country) Penna. | State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT |
| 12 MAIDEN NAME | CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| OF MOTHER Mary Cain | 18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TO ANGUS |
| 13 BIRTHPLACE OF MOTHER | OR RECENT RESIDENTS) At place In the |
| (State or country) - Penna. | ot death yrs mos ds. State yrs mos ds |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, It not at place of death? |
| (Interment) Was His gorald | Former or |
| 1-11/10/10 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Namy Hard Pa | O I SORIAL |
| | |
| 5 | Closebank 47643/, 191.3. |
| | Closebank Francis 1913. |

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

*essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-. Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.). additional line is provided for the latter statement; the nature of the business or indust ; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

mia," "PUERPERAL peritonitis," etc. State cause for sepsis, tetanus) childbirth or miscarriage, as "PURBPERAL septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

| | 1 PLACE OF DEATH 3466 | STATE OF MARYLAND |
|---------|---|---|
| | 0.000 | CERTIFICATE OF DEATH |
| Co | unty Well | Padistared No. 90 |
| | near ! . L | Registered No. |
| Vi | llage or City Occurron (No. | St; Ward) [If death occurred to e hospital or institution, |
| | 1 | give its NAME instead of street and number.] |
| | 2 FILL NAME ane To | |
| = | PERSONAL AND SPATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | X 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH THE 1 |
| 11 | WIDDWED. Nedowe | (Month) (Day) (Year) |
| Ja | mall White (Write the word) | 17 J HEREBY CERTIFY, That I attended deceased from |
| 6 D | ATE OF BIRTH TO 1845 | mak 1 1913, to Mak 37 , 1913. |
| | Then 3, Mu | that I last saw her alive on mich 2nd 1913. |
| 7 AC | (Month) (Day) Fear | |
| ·AC | 1 :day,h | Tank that double out the date of the same |
| | yrsmosds. ORmin. | ? |
| | CCUPATION | 71 1 |
| |) Trede, protession, or ticular kind of work | asthma |
| | denerel nature of industry, iness, or establishment in | (Quration) vrsmesds. |
| | ch employed (or employer) | B: 11- A. |
| 9 81 | RTHPLACE tate or country) | (Secondary) |
| | magnam | Description yrs mos ds. |
| | 10 NAME OF Joseph Veach | (Signed) Molack, M. D. |
| IS | 11 BIRTHPLACE | meh &, 191 B. (Address) Caelton, ma |
| Z | (State or country) Mary land | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| PARENTS | 12 MAIDEN NAME S . M. M | |
| 0 | mily mo yan | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| | 13 BIRTHPLACE OF MOTHER (State or country) Maryland | At place in the ot death yrs. mos. ds. State yrs, mos. ds. |
| 14- | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, |
| | Junk Danto | It not et plece et death? |
| | (Informant) | usoai residence |
| | (Address) beet on m | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 | 12. 1 0 41 80. | MINIS New Doclarus Meh 6, 1913 |
| FII | of March 5, 1913 JANEAUTO. | 20 UN DERTAKER ADDRESS |
| - | REGISTRAF | Amy Meson Meddlelown fr |
| | If more blanks are needed, address State Regi | strar, 6 E. Franklin Sf., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Furmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Theumonia") unqualified, is indefinite); Tuberculoxis of lungs, meninges, peritonaeum, etc... Carein-

etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailscause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-Never report



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PHYSICIANS

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County... Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME lostead of street and number. 1 ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, st 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ State yrs, mos, ds. Where was diseasa contracted. If not at place of death? Former or (Informant) ... usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative meaithfulcated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman," The

Statement of cause of death—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

MAY 1 6 1913
BUREAU, V. S.

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mailg-Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

R-sent

APR 16 1918
BUREAU, V. S.

v. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| Co | PLACE OF DEATH Junty Cecil 3463 Wage or City Rowlandvillen Md., 2 FULL NAME Mm. P. Haines | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No |
|------------------------|---|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | ale while (Write the word) Teb, 13, 1862 | 16 DATE OF DEATH Month (Day) (Year) |
| (0) | (Month) (Day) (Year) If LESS than f day,hrs. S | and that death occurred on the date stated above, at 11,450 m. The GAUSE OF DEATH * was as follows: |
| bush whice 9 B I | General nature of Industry, ness, or establishment in the employed (or employer) HTHPLACE ate or country) Laure asler Co. Pa | Contributory (Secondary) (Suration) yrs. 4 mos. 14 ds. |
| ARENTS | 10 NAME OF JM P. Haines 11 BIRTHPLACE OF FATHER (State or country) Law caster Co. Pa | (Signed) (Si |
| 14 T | OF MOTHER Many Stork 13 BIRTHPLACE OF MOTHER (State or country) Laucaster ba Par HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 1B LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or |
| 16 | (Address) 5239 Archer St. German. 191 Registrar If more blanks are needed, address State Regis trar, 6 | 19 PLACE OF BURIAL OR REMOVAL PENN Kill ben akrif 1, 1913. 20 UNDERTABER FL. Cauffman Wakefield Po |

[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers Beation, as Day laborer, Farm laborer, Laborer—Coal applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative licalthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puseperal septichae cause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the -Kart failure," "Haemorrhage," "Inanition," "Maras. genltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ ture of the American Medical Association.) sepsis, tctanus) injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Traemla," "Weakness," (name origin; "Can



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Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County..... Registration Dist. No... If death occurred in Village or City (No. St.;....Ward) a hospital or institution. give its NAME Instead of street and number.] amen MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE MARRIED, W WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH d.C (Month) (Year) (Day) TAGE if LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) 9 *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ARI 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? usual residence. 19 PLACE OF BURIAL REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

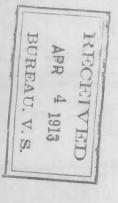
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childwirth or miscarriage, as "Purperal septichae-"Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Ohronic interstitlal nephrilix nant neoplasms); Measics; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory "Old Age," "Shock," "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," Traemia," "Weakness," (name origin; "Can-Examples:



| | PLACE OF DEATH 3470 | STATE OF MARYLAND |
|-----------|---|--|
| C | ounty Cecil | CERTIFICATE OF DEATH |
| | O O | Registration Dist. No. |
| V | iliago or City Coles a (No.) | St.; Ward) [It death occurred in a hospital or institution, |
| | * FULL NAME Enril Lee Ke | ncaid give its NAME lostead of street and comber.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 51 | MARKIED, | 16 DATE OF DEATH Morch 17 . 1918 |
| 1 | rale while with the word) | (Month) (Day) (Year) |
| 8 D | ATE OF BIRTH LORE 17th 1912 | 26 25 , 191 , to French 17 , 1913, |
| | (Month) (Day) (Year) | that I last saw h walive on Month 16 ,1913 |
| TA | It LESS than 1 day, | and that death occurred on the date stated above, at 12 morm, The CAUSE OF DEATH* was as follows: |
| | CCUPATION | Drumona |
| | Trade, profession, or relicular kind of work | |
| | Genoral nature of industry, iness, or establishment in | (Buratian) |
| whl | ch employed (or employer) | Couration) yrs |
| 9 B | RTHPLACE tate or country) local los mal | Contributory (Secondary) (Ooration) yrs mos ds. |
| | 10 NAME OF Charles H Kincard | (Signed) Conest Rowland, M. D. |
| NTS | 11 BIRTHPLACE OF FATHER (State or country) Harford Co Md | 3, 19 , 191 3 (Address) Query June 100 100 100 100 100 100 100 100 100 10 |
| PARENT | 12 MAIDEN NAME Sula Jourdans | CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| | 13 BIRTHPLACE OF MOTHER (State or country) April 60 MA | OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. |
| 147 | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? |
| | (Interment) Chan & Ruscard | Former or usual residence |
| | (Address) Colona mal | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Fil | ed Mah. 149 , 1913 NR Cammon | West Arthong ham Merch 19., 191.3. ADDRESS |
| | REGISTRAR | Sloter 15 Josh Colora ma |
| | If more blanks are needed, address State Revistra | r. 6 E. Franklin St. Relto. Poquesting V C Vo 1 |

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Housewife, Housework, or At Home, and children, not mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

—Every Item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

| | PLACE OF DEATH Ounty Cecil 3471. iilage or City Charton (No. 4) | STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
|---------------------------|--|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 388 | ex 4 color or race 5 single, Married, wisowed, or pivorce (Write the word) | 16 DATE OF DEATH March 30, 1913 (Month) (Day) (Year) 17 I HEREBY GERTIFY. That I attended deceased from |
| 6 p | ATE OF BIRTH May 26-1864 (Month) (Day) (Year) | March 1/ 1913, to March 30, 1913, that I last saw h & alive on March 30, 1913 |
| 7 AC | the LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at \$,400,m. The CAUSE OF DEATH* was as follows: Shock resulting from |
| (a) pai (b) busi | Trade, profession, or flouise from the following the following from th | bbstruction (Duration) yrs. mos. / 8 is. |
| | (BTHPLACE (at or country) Cecil Carrily, My | (Secondary) (Secondary) (Octon (Doration) Wort Brown |
| S | 10 NAME OF FATHER OF SCO. SCO. Agrand. 11 BIRTHPLACE | (Signed) M. D. Morrison, M. D. March 31, 1913 (Address) Elbson, Incl |
| ARENTS | (State or country) A accessed a. | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| P/ | 13 BIRTHPLACE OF MOTHER (State or country) Seafel Country, Prod. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the death yrs, mos, ds. State yrs, mos, ds. |
| | (Informant) (Informant) | Where was disease contracted, If not at place of death? Former or usual residence |
| 16 FII | ed Marsh 31, 191 L. Frank Frazze | 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS |
| 4 | V. Q. J. INAS // REGISTRAR | the state of the s |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication. as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when necded. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Ineumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purereral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion, thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; valvular heart disease; Ohronio interstitial nephritie. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. 8, by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (name origin; "Can-State cause for Examples: For VIO-



RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS MARGIN WRITE PLAINLY, WITH

| | 1 PLAGE OF DEATH | STATE OF MARY | |
|-----------------|--|---|--|
| Co | ounty Cecil 3472 | CERTIFICATE OF Registration Dist. | an |
| Vi | illage or City Cocition (No | St.; Ward) | [It death occurred a hospital or institutio give its NAME instea of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF D | EATH |
| 3 SE | MARRIED, MUNICIPAL WIDOWED, | 16 DATE OF DEATH (Month) | 16-,1918 (Day) (Year) |
| , - | male white (Write the word) | 17 I HEREBY CERTIFY, That I at | tended deceased from |
| g D | ATE OF BIRTH | 3-16 1913 to 3-16 | 1913 |
| | (Month) (Day) (Year) | that I last saw h.F.R. alive on 3- 16 | 191 3 |
| 7 AG | | and that death occurred on the date stated ab | |
| | t day,hrs. | The CAUSE OF DEATH* was as follows: | ove, at, |
| | 4 yrs. 8 mos. 6 ds. OR min.? | Immediate acute Oder | no of Line |
| (a) | Trade, profession, or Farmers Wife | Paimary Cause Central | |
| busi | General nature of Industry, iness, or establishment in ch employed (or employer) | (Duration) | - Fix froms |
| 9 BI | RTHPLACE tate or country) loscil so maryland | Contributory Valoular Breiase (Secondary) At and (Duration) | |
| | 10 NAME OF FATHER Lohn Kowan | (Signed) & N. lorauford | yrs mos d |
| TS | 11 BIRTHPLACE | 3, 18 , 1913 (Address) Cecelton | md |
| ARENT | OF FATHER (State or country) Sur Coasta del | *State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, or HOMICIDAL. | deaths from VIOLENT 2) whether ACCIDEN- |
| 4 | Henrietta horgan | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS | TITUTIONS, TRANSIENT |
| | 13 BIRTHPLACE OF MOTHER (State or country) Ceciles Mary Cand | At place in the of death yrs mos ds. State | yrs mos d |
| 14 _T | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? | *************************************** |
| (| (Interment, SQ/3 Manlove | Former or usual residence | |
| | (Address) Cecillon maryland | 19 PLACE OF BURIAL OR REMOVAL D | ATE OF BURIAL |
| 15 File | en March 191913 & ABlack | 16. 0 6 1 | DORESSIO T |
| | REGISTRAR | Ilm ours | id dellow |
| | If more blanks are needed, address State Regis trar, 6 | E. Franklin St., Balto., Requesting V. S. No. 1. | DEF |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

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PERMANENT

PLACE OF DEATH 3473 state Very CSICIANS should OCCUPATION IS PHYSICIANSWard) RECORD of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 18 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, assed WIDOWED. (Write the word) Exact 1863 classified. (Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. OR min. ? properly BOCCUPATION AG (a) Frade, protession, or particular kind at work... (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) Contributory certificate. (Secondary (State or country) that 10 NAME OF FATHER 80 90 pe back 11 BIRTHPLACE terms, PARENT (State or country) should 0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or country) of Inform DEATH ot death _____ yrs. ___ mos. ___ ds. Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death? Item E OF usual residence. Every Item CAUSE OF Important. PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

fif death occurred in a hospital or institution. give its NAME lostead

of street and number. I

(Month) (Day I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at (Duration)yrs..... /..... mos *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, lo the State yrs. ____ mos. ___ ds.

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, periionaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "A art failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated uniess important. valvular heart disease; Chronio interstitial nephritis oma. Sarcoma. etc., of ... nant neopiasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for



| | | shoul ION |
|-----------------------------|---|--|
| | RECORD | PHYSICIANS of OCCUPAT |
| MARGIN RESERVED FOR BINDING | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in Important. See instructions on back of certificate. |
| 7 1 2 1 2 1 | UNFADING | arefully supplied that It may be certificate. |
| | VRITE PLAINLY, WITH | Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. |
| No. 1. | | Every iter CAUSE O Important. |

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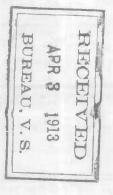
3474 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH . PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) OROIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h. W. alive on Morch (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment' in which employed (or employer) -----State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs mos ds. Where was disease contracted. If not at place of death?..... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death—In always the same accepted the filme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

inua," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pureprear septicharetc., when a definite disease can-be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy." "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

| | PLACE OF DEATH | 3475 | STATE OF MARY | |
|-----------|---|--------------------------|---|--|
| C | ounty Cocel | | CERTIFICATE OF | DEATH |
| | 10 1-5 | - | Registration Dist. | No. 96 |
| v | Illage or City Brk Do | fasel. | St.; Ward) | [It death occurred in a hospital or institution, |
| | | y m | | give its NAME instead of street and number.] |
| | FULL NAME Frene | T' Wes | end | ot street and number. |
| | PERSONAL AND STATISTICAL PARTI | CULARS | MEDICAL CERTIFICATE OF D | EATH |
| 35 | EX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORC (Write the | 75/1 | 16 DATE OF DEATH Jack (Month) | 2 , 1913 (Day) (Year) |
| 6 D | ATE OF BIRTH Col- | e word) | 17 Sel- 20 1913, to West | A-2 1913 |
| | (Month) (Da | y) (Year) | that I last saw hCh alive on | 4-2 1913 |
| 7 A | GE | It LESS than 1 day,hrs. | and that death occurred on the date stated abo | ove, at 730 p.m. |
| | yrs. 4 mos. 2 4 | ds. ORmin.? | The CAUSE OF DEATH* was as follows: | |
| (a | CCUPATION) Trade, protession, or rilcular kind of work | wh | Bronchial B | remoria |
| (b) | General nature of Industry, iness, or establishment in Ich employed (or employer) | | (Duration) | rs. mos./O ds. |
| | IRTHPLACE tate or country) | | Contributory(Secondary) | ••••••••••••••••••••••••••••••••••••••• |
| | 10 NAME OF LEA TOUR | | (Signed) ON STUDE | yrs mos ds. |
| IS | 11 BIRTHPLACE | 2 | Mas - 3, 1913 (Address) / 671) | Horaston |
| PARENTS | OF FATHER (State or country) Waryll | end . | *State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL. | eaths from VIOLENT Whether ACCIDEN- |
| a | Laise | deldon | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INS. | |
| | OF MOTHER (State or country) | locit- | At place In the ot death yrs mos ds. State | yrs ds |
| 14- | THE ABOVE IS THE TO THE BEST OF MY K | NOWLEDGE | Where was disease contracted, It not at place of death? | |
| | (Intermant) Les aluen | | Former or usual residence | |
| | (Address) Orest Def | exel and | 19 PLACE OF BURIAL OR REMOVAL D | ATE OF BURIAL |
| 1 6 FI | led mole of 1913 JFR Com | man | 20 UNDERTAKER JAI | knarch S, 191 3. |
| - | | REGISTRAR | W C fackson Bly | tadale and |
| | If more blanks are needed, address | State Regis trar, 6 | E. Franklin St., Balto., Requesting V. S. No. 1. | 144 |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement the nature of the husiness or indust y, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons The (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, perifonaeum, etc., Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Turrperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition." "Maras genital," "Senile." etc.), "Collapse." "Coma," thonla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples: For vio-10



3476 CERTIFICATE OF DEATH 100 D shoul Registration Dist. No.. OCCUPATION If death occurred in Viilage or City.... St.;....Ward) a hospital or institution, RECORD give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS アとコ 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, ERMAN WIDDWED, (Month) (Day) DRDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 856 ciassified. (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows mos OR ? yrs. roperly 8 OCCUPATION (a) Trade, profession, or particular kind of work supplied. (b) General nature of Industry. pe business, or establishment in may which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed) 0 back (4. 191.3 (Address) /// 11 BIRTHPLACE terms, ENT pino OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place . In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. mos. ds I of inf Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or (Informant) item OF usual residence. mportant. 19 PLACE OF BURIAL ы DATE OF BURIAL (Address). Every 15 20 UNDERTAKER ADDRESS σġ m ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

ARGIN

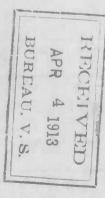
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, the nature of the business or indust;; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons (g

Statement of cause of death—Name, first, the disease causing death—Index affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrpmeal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Tigart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchonneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis The contributory Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



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SICIANS should

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Gounty... Registration Dist. No [if death occurred in ...Ward) a hospital or institution. give Its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, MA WIDOWED, (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw home Lalive on March (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at ... f day,hrs. The CAUSEOF DEATH* was as follows: OR ? BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishmant in which employed (or employer) Contributory /. State or country) (Secondary) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos.* ds. State yrs. ____ Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or usual residenca PLACE OF BURIAL WATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or indust j; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative Beaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage. as "Purrunal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Kart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING V. S. No. 1.

MARGIN

| Gounty CCCC 3478 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|---|
| Elh Wh | Registered No. 74 |
| FULL NAME Clarra & Rob | St; Ward) [it death occurred a hospital or institution give its NAME insternation of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORGED (Write the word) | 16 DATE OF DEATH Meh. 30th. (Month) (Day) (Year) |
| DATE OF BIRTH Sept 22, 1912 | 17 Meh. 30Th 1913, to 191 that I last saw her allve on Meh. 30th 1913 |
| (Month) (Day) (Year) AGE If LESS than 1 day,hrs. | and that death occurred on the date stated above, at 9 0- m |
| yrs | The CAUSE OF DEATH* was as follows: |
| particular kind of work | (Ouration) yrs. mos. 6 ds |
| BIRTHPLACE (State or country) Elk Neck med | Contributory (Secondary) (Duration) yrs. mos. ds |
| 10 NAME OF Sherry Rolls | (Signed) O/Blaceins, M. D. Mch 31, 1913 (Address) North East, M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) the Seck Med 12 MAIDEN NAME OF MOTHER Jeanne behavior | *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the |
| OF MOTHER (State or country) Coll Necks 4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | of death yrs mos ds. State yrs mos ds. Where was disease contracted, |
| (Interment) Alasance Johnson | if not at place of death? |
| (Address) North Coast 12 F D | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 6 | agui 1915 |

[Approved by U. S. Census and American Public Health
Association.]

".Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may he indi-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Fixamples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name orlgln; "Candeath), 29 4s. Never report



| WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. | RECORD | PHYSICIANS should state of OCCUPATION is very |
|--|---|---|
| ngi. | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |

| 'PLACE OF DEATH 3479 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|---|
| County | 11/10/ |
| D. thi t | Registration Dist. No |
| Village or City 1000 4) Position. | St.; Ward) [If death occurred in a hospital or institution, |
| * FULL NAME Mrs annie R | Rogard and number. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED | 16 DATE OF DEATH (Month) (Day) (Year) |
| O DATE OF BIRTH | 17 . I HEREBY CERTIFY, That Lettended deceased from |
| December 6 .67 | that I last saw h Malive on Man 3 0 1913 |
| 7 AGE If LESS th | |
| 4 0 yrs 3 mos 2 3 ds. or min. | The CAUSE OF DEATH & was as follows: |
| B OCCUPATION (a) Trade, protession, or particular kind of work | June / ephips |
| (b) General nature of industry, business, or establishment in | (Duration) 7 yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) | Gontributory Avaimue Coma |
| 10 NAME OF FATHER COLLEGE AND TRACES | (Signed) (Duration) yrs ds. |
| M 11 BIRTHPLACE OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLETT |
| OFFATHER (State or country) | CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden- |
| 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds, State yrs, mos, ds, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? |
| (Informant) Q. W. Roussey. | Former or usual residence |
| (Address) Port Deposet | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 mp MAC | Belherda Comely Gp 20, 1917. |
| Filed Mr. 7 1817 VIC Sceneral REGISTRAR | Slalar B Lich Colora Md |
| If more blanks are needed, address State Regis | trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-"Hart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1913
BUREAU, V.S.

34

CCUPATIO RECORD PERMANENT DEATH 10 CAUSE OF

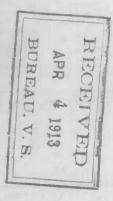
1 PLACE OF DEATH STATE OF MARYLAND 3480 CERTIFICATE OF DEATH County..... Registration Dist. No... [If death occurred inWard) a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 16 DATE OF DEATH MARRIED. ORDIVORCED (Write the word) (Day (Year) (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment In which employed (or employer) ... 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS W. B. No. 1.

| Village or City/Ear Earleville (No. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution give its NAME instead |
|--|--|
| *FULL NAME Ant Marie | Sewel of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE SINGLE, MARRIED, Widoweb, ORDIVERCED (Write the word) | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 3 / 5 , 1913, to 3 / 5 , 1913 |
| (Month) (Day) (Year) | that I last saw h alive on 3 - 15 191 |
| 7 AGE yrs. 2 mos. 2 ds. or. min.? 8 occupation (a) Trade, pretession, or particular kind of work. | and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows: Syphicitic Cateurs 7 Thoughout Y to ares |
| (b) General nature of Industry, business, or establishment in which employed (or employer) | Contributory (Secondary) |
| State or country Seed & Mid 10 NAME OF FATHER Colored Sewell 11 BIRTHPLACE OF FATHER (State or country Seed Co., Ind.) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME | (Signed) (Si |
| OF MOTHER Pater Sady 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death |
| (Address) Egrleville Ind Filed March 743 J. A. Black REGISTRAR | 19 PLACE OF BURIAL OR REMOVAL POSLAN NIEK 20 UNDERTAKEN ASSAGE AND AND ASSAGE AND AND ASSAGE AND AND ASSAGE AND |
| If more blanks are needed, address State Registrar | , 6 E. Franklin St., Balto, Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-For VIO-



No. ŵ

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| | FULL NAME Therwil W Til |
|--------------------------|---|
| | PERSONAL AND STATISTICAL PARTICULARS |
| 3 51 | Scale White (Write the word) |
| 6 D | Fuly 8, 1888 Month (Day) (Year) |
| 7 A | |
| pai | Trade, profession, or Cyslawlsteres ticular kind of work. |
| (b) bus whi | Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment in the employed (or employer) BTHPLACE BTHPLACE |
| pai (b) bus whi | Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE rate or country) TO NAME OF FATHER Affred. H. Vibbetts. |
| pai (b) bus whi | Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment in chemployed (or employer) RTHPLACE (ate or country) 10 NAME OF |
| pai (b) bus whi | Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE (ate or country) 10 NAME OF FATHER 11 BIRTHPLACE (OF FATHER) 12 DOI 10 NAME OF FATHER 13 BIRTHPLACE (OF FATHER) 14 DOI 15 NAME OF FATHER 15 BIRTHPLACE (OF FATHER) |
| pai (b) bus whi | Trade, profession, or ficular kind of work. General nature of industry, ness, or establishment in chemployed (or employer) RTHPLACE Late or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER |

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St; Ward)

[II death occurred in a hospital or institution, give its NAME instead of street and number.]

| (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (HEREBY CERTIFY. That I attended deceased from 1913, to 1913, to 1913 and that I last saw h. A. alive on 1913 and that death occurred on the date stated above, at 7,204 m. The CAUSE OF DEATH* was as follows: (Buration) yrs. mos. ds. (Signed) (Buration) yrs. mos. ds. *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residence) 16 Length of Residence (so State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. | MEDICAL C | ERTIFICATE | OF DEATH |
|--|--|----------------|--|
| that I last saw h. A. alive on | 16 DATE OF DEATH | (Month) | 21 , 1913 (Day) (Year) |
| Contributory (Secondary) (Buration) (Bur | Mes 191 | 3. 10. Mus | 11 - |
| (Duration) yrs. mos. ds. Contributory (Secondary) (Buration) yrs. mos. ds. Signed) | nd that death occurred on | the date state | |
| Contributory (Secondary) (Buration) (Buration) (Secondary) (Buration) (Buration) (Secondary) (Buration) (Buration) (Colored | LA CAUSE OF DEATH* W | as as follows: | ~ |
| *State the DISEASE CAUSINO DEATH, OF, IN deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 6 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) t place In the death yrs. mos. ds. State yrs. mos. ds. there was disease contracted, not at place of death? OTHER OF THE STATE OF THE | 11. | (Duration) | yrs |
| *State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 6 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) to place In the death yrs. mos. ds. State yrs. mos. ds. (here was disease contracted, not at place of death? | | | |
| *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 6 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENYS, OR RECENT RESIDENTS) t place In the f death | | ene | week M. D |
| t place In the f death | State the DISEASE CAUS | INO DEATH, O | r, in deaths from Violent nd (2) whether Acciden- |
| f death | 6 LENGTH OF RESIDENCE OR RECENT RESIDENTS) | FOR HOSPITAL | S. INSTITUTIONS, TRANSIENTS |
| isual residence | f death yrs mos Yhere was disease contracted, | | yrs mos ds |
| 9 51 4 55 65 51 51 51 | | | |
| North East and march 23, 1913. | | At of | march 23, 1913 |
| He he Pierson North Cast | 11 11 8880 | 17- | North Coast |

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

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RECEIVED

APR 5 1913

BUREAU. V.S.